

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25690

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 813

City St Joseph

(No. St Joseph Hospital)

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. 2

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Year 1876

7. AGE

YEARS

MONTHS

DAYS

57

unknown

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

unknown

(b) General nature of industry, business, or establishment in which employed (or employer).

unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kidder, Mo.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

OWEN WRITT

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

Canada

12. MAIDEN NAME OF MOTHER

Anna Crowley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

Ireland

14. INFORMANT

(Address)

Joseph Writt
Cameron, Mo.

15.

FILED

8-13-33 John A. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

8/13 1933

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. l. m. alive on 8/13, 1933, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of intestine

146
123-15
(duration) yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Intestinal obstr.

(duration) yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? _____

DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. H. Talbot, M. D.

8/13, 1933 (Address) 411 Corby Bldg. St Joseph

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Kenney Cemetery

Aug 15, 1933

20. UNDERTAKER

ADDRESS

J. W. Poland

Cameron, Mo.

04-01-1982